



GARDA VETTING PARENT/GUARDIAN CONSENT FORM

I _____

Of _____

(Address)

Being the _____
Father/Mother/Guardian

Of _____
Name of Applicant for Garda Vetting

Date of Birth _____

do hereby consent for An Garda Síochána to conduct Garda Vetting in respect of the above named and to furnish to the registered organization for Garda Vetting as indicated in the attached Garda Vetting application form a statement that there are no convictions recorded against him/her in the Republic Of Ireland or elsewhere, or a statement of all convictions and/or prosecutions, successful or not, pending or completed, in the state or elsewhere as the case may be.

Signed _____ Date _____
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